

## EMPLOYMENT APPLICATION

### To be completed personally by the Applicant

The completion of this form does not indicate that there is any obligation of Claud Switzer Memorial Trust to engage the applicant; the information is used for the purpose of assessing your suitability for employment by the company.

Position applied for:	Date of Application:
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<b>YOUR NAME:</b>	
Family Name:	
Given Names (underline name used):	
Are you known by any other name(s)?	Give details:

<b>YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS</b>	
Contact Address:	
Email Address:	
Home Phone:	Mobile Phone:

<b>AGE</b>	
Have you reached the current school leaving age (16 years)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>LEGAL WORK STATUS</b>	
Are you legally entitled to work in New Zealand? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, as a (tick one):* <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Holder of a current work permit	
Have you attached a copy of your passport or Drivers Licence and Birth Certificate? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>EDUCATION</b>	
Name of secondary school(s) attended.	
Qualifications (school certificate, university entrance) - (subjects)	
All qualifications (NZ or overseas, whether or not you think they are relevant to this role) must be disclosed. Please supply copies of certificates with this application. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>LANGUAGES</b>	
Can you hold an everyday conversation in any language other than English? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, which other language/s?	

<b>QUALIFICATIONS</b>	
Please list any other certificates/licences or courses you have attended?	
Please describe the skills you hold which are relevant to the position applied for?	

<b>EMPLOYMENT HISTORY:</b>	
<b>Present or most recent place of business:</b> <span style="float: right;">(Company name)</span>	
Position held:	Dates of service:

Main duties:	
# hours worked per week:	Reason for leaving:
Managers name:	Phone number:
For the purposes of compliance with the Privacy Act 2020 do you consent to the Company contacting your present or most recent employer for the purposes of reference checking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Next most recent place of business:</b> (Company name)	
Position held:	Dates of service:
Main duties:	
# hours worked per week:	Reason for leaving:
Managers name:	Phone number:
<b>Next most recent place of business:</b> (Company name)	
Position held:	Dates of service:
Main duties:	
# hours worked per week:	Reason for leaving:
Managers name:	Phone number:
Give details of any other job which may be relevant:	

Have you ever worked for this company before?	Yes / No:
If yes, where and when:	
Do you have secondary employment:	Yes / No
If yes, please detail:	

EMPLOYMENT REFEREES	
<b>First referee</b>	
Name:	Position:
Phone:	Company:
<b>Second referee</b>	
Name:	Position:
Phone:	Company:
GENERAL	
If your application is successful, when could you commence employment:	
Are you prepared to work shifts if required to do so?	Yes / No
Have you worked shifts before?	Yes / No
Do you have any present criminal convictions, not including any concealed under the Clean Slate Act?	Yes / No
Have you been the subject of a Diversion ordered by the Courts?	Yes / No
Are you awaiting the hearing of charges in a civil or criminal court of law?	Yes / No
Are you prepared to handle all products, materials, or equipment used in the industry?	Yes / No
Do you have a current drivers licence?	Yes / No
If yes, what class?	Drivers Licence No.:
Do you have any demerit points or endorsements?	Yes / No
Do you have any legal proceedings against you pending?	Yes / No
If yes, please details:	
Do you have a spouse, partner, or relative or working here or elsewhere in the same industry?	Yes / No

If yes, who?	Where?
What transport arrangements do you have to attend your place of employment?	

<b>MEDICAL</b> This organisation is concerned about delivering a high standard of care to the elderly, and your safety and health.	
Do you at present have, or have you in the past any medical or physical conditions which may affect your ability to carry out functions and responsibilities of the position you have applied for?	Yes / No
If yes, please give details:	
As an organisation involved in health we promote a 'smoke-free' workplace. Do you smoke?	Yes / No
Have you had an injury or medical condition caused by gradual process, disease or infection (for example hearing loss, sensitivity to chemicals, repetitive strain injuries) that may be aggravated or further contributed to by the tasks of this job?	Yes / No
If yes, please give details:	
Have you suffered from any back problems in the past?	Yes / No
If yes, please give details:	
Have you ever had any instruction in manual handling and the transferring of people?	Yes / No
If yes, please give details:	

<b>PRIVACY ACT CONSENT</b>	
Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future?	Yes / No

<b>DECLARATION</b>	
<p>I,..... (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from Accident/Injury Insurance Compensation. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the company's employment medical.</p>	
Signed:	Date:

**Please note:  
Your application will not be accepted without a copy of photo ID (drivers licence or passport) and birth certificate attached**

**REFERENCE CONSENT**

**Name of organisation for referee:** .....

I ..... consent to the Claud Switzer Memorial Trust seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Trust for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Trust is supplied in confidence as evaluative material and will not be disclosed to me.

**Signature of applicant:** ..... **Date:** .....

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**Signature of applicant:** ..... **Date:** .....

**If there are no current job vacancies I give my permission to hold my application on file for up to 6 months YES / NO**

# EMPLOYMENT APPLICATION PROFILE SHEET

Duties I performed in my last place of employment/Voluntary work:

Tells us about any hobbies and or interest you have: (Optional)

Please describe the skills, experience if any, relevant to the position applied for:

Tell us what you can bring to Switzer and why we should choose you:

OFFICE USE ONLY	Date	Initials
Copy Birth Cert/Passport		
Database updated		
Acknowledgement sent		
Police check entered		
Reference obtained		